



NOV 25 2003

510 (k) Summary

K033015 1 of 1

**Device Classification Name** Lamp, Non-heating for Adjunctive use in pain therapy

**Regulation Number** 890.5500

**510(k) Number** K033015

**Device Name** The Axiom BioLaser LLT Series - 3

**Substantially Equivalence** Power Laser 90 - K030692  
Micro Light ML830 K010175

**Applicant** Axiom Worldwide  
9423 Corporate Lake Drive  
Tampa, Florida 33634

**Contact** James J. Gibson Telephone 813-249-6444 fax 813-249-6445

**Product Code** NHN

**Date Received** September 26<sup>th</sup> 2003

**Device Description** The Axiom Bio LLLT Series -3 is a non thermal triple diode infrared laser.

**Intended Use** The Axiom BioLaser LLLT-3 is indicated for adjunctive use in temporary relief of hand and wrist pain associated with Carpal Tunnel Syndrome



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

NOV 25 2003

Mr. James J. Gibson, Jr.  
President and CEO  
Axiom USA, Inc.  
9423 Corporate Lake Drive  
Tampa, Florida 33634

Re: K033015

Trade/Device Name: Axiom BioLaser LLLT Series-3  
Regulation Number: 21 CFR 890.5500  
Regulation Name: Infrared lamp  
Regulatory Class: II  
Product Code: NHN  
Dated: September 26, 2003  
Received: October 3, 2003

Dear Mr. Gibson:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

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This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4659. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,

*Miriam C. Provorst*  
for

Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative  
and Neurological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

**510(k) Number (if known): K033015**

**Device Name: Axiom BioLaser LLLT Series-3**

**Indications For Use:**

**Intended Use**

The Axiom BioLaser LLLT Series-3 is indicated for adjunctive use in the temporary relief of hand and wrist pain associated with Carpal Tunnel Syndrome.

**(PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON ANOTHER PAGE IF NEEDED)**

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ✓  
(Per 21 CFR 801.109)

OR

Over-The-Counter Use \_\_\_\_\_

Miriam C. Provost  
(Division Sign-Off)  
Division of General, Restorative  
and Neurological Devices

510(k) Number K033015